

**Electronic Filing System (EFS) Data**  
**Electronic Patent Application Submission**  
**USPTO Use Only**

EFS ID: 12392  
Application ID: 09682535  
Title of Invention: VARIABLE OPTICS SPOT MODULE  
First Named Inventor: Matthew Sommers  
Domestic/Foreign Application: Domestic Application  
Filing Date: null  
Effective Receipt Date: 2001-09-17  
Submission Type: Utility Patent Filing  
Filing Type: new-utility  
Confirmation Number: 0  
Attorney Docket Number: GLO 2 0080  
Digital Certificate Holder: cn=John P. Cornely, ou=Registered Attorneys, ou=Patent and Trademark Office, ou=Department of Commerce, o=U.S. Government, c=US  
Certificate Message Digest: q0TbhNMqiwmvsxHOR1xkEg==  
Total Fees Authorized: \$750.0  
Payment Category: DA - Deposit Account  
Deposit Account Number: 60308  
Deposit Account Name: John P. Cornely



# TRANSMITTAL FORM



Electronic Version 1.0.2

Stylesheet Version: 1.0

Attorney Docket Number: GLO 2 0080

## VARIABLE OPTICS SPOT MODULE

First Named Inventor: Matthew Sommers

### SUBMITTED BY

Name: John Cornely  
Registration Number: 41687  
Electronic Signature Mark: /s/John P. Cornely  
Date Signed: 20010917

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*I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.*

### Attached Files:

bibd-transmittal	20080SUBMITapds.xml
fee-transmittal	20080SUBMITfee.xml
patent-assignment	20080SUBMITasgn.xml
declaration	080dec01.tif
declaration	080dec02.tif
declaration	080dec03.tif
specification	20080.xml

**Attached Image File(s):**

080dec01.tif

080dec02.tif

080dec03.tif

080dec01.tif  
080dec02.tif  
080dec03.tif

**Comments:**

[illegible]

**DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION**

As a below inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**VARIABLE OPTICS SPOT MODULE**

the specification of which:

  X   is attached hereto   OR  
\_\_\_\_\_ was filed on \_\_\_\_\_  
\_\_\_\_\_ as U.S. Serial No. \_\_\_\_\_.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)
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I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

_____ (Serial No.)	_____ (Day/Month/Year Filed)
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I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information which is material to patentability as

defined in Title 37, of Federal Regulations Code, §1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)

(Filing Date)

Status:

(Patented, Pending, Abandoned)

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

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**DIRECT TELEPHONE CALLS TO:**  
 (name and telephone number)

Scott A. McCollister, Esq.  
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I hereby authorize and request my attorney to insert the application number and filing date, when known, into the assignment for this invention executed by me.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under §1001 of Title 18 of the United States Code and

that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full name of first joint (or sole) inventor: Matthew Sommers

Inventor's Signature: Matthew Sommers

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# FEE TRANSMITTAL

Electronic Version 1.0.4

Stylesheet Version: 1.0

*Patent fees are subject to annual revisions on or about October 1st of each year.*

Large Entity

**TOTAL FEES AUTHORIZED: \$ 750**

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number: 06-0308



Deposit Account Name: Fay, Sharpe, Fagan, Minnich & McKee, LLP

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

## SUBMITTED BY

Authorized Name: John P. Cornely

Electronic Signature Mark: /s/John P. Cornely

Date Signed: 20010917

## BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	101	\$ 710

Subtotal For Basic Filing Fee: \$ 710

## EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 17	103	\$ 18	0	\$ 0
Independent Claims: 3	102	\$ 80	0	\$ 0

Subtotal For Extra Claims Fees: \$ 0



**Subtotal For Additional Fees: \$ 40**